

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-014807

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 11

FILED APR 16 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cuiver twp.		c. CITY OR TOWN Cuiver twp.	
Length of stay in 1b MANY YEARS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in institution, give location) HOSPITAL OR INSTITUTION RR #1, Laddonia, Mo		d. STREET ADDRESS (If outside, give location) RR #1, Laddonia, Mo	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Permelia Middle Jane Last Brower		4. DATE OF DEATH Month April Day 7 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1963
9. AGE (last birthday) 95		IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and state or country) Callaway Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Clements		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE 2		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 		17. INFORMANT H.W. Brower, Laddonia, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I. or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
STATE		21. I attended the deceased from Jan 29 1963 to Apr 6, 1963 and last saw her alive on Apr 6, 1963 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John Robert		22b. ADDRESS Laddonia Mo	
22c. DATE SIGNED 4/8/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Apr. 10, 1963		23c. NAME OF CEMETERY OR CREMATORY New Florence	
23d. LOCATION (City, town, or county) New Florence, Mo		24. FUNERAL DIRECTOR Howard F. Myers, Wellsville, Mo.	
25. DATE RECD. BY LOCAL REG. April 8 1963		26. REGISTRAR'S SIGNATURE Walter Tugue	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10-07

1963 - 4 - 7
95 - 2 - 27
1968 1 - 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Myers
4494

Licensed Embalmer No. _____
P. O. Address Wellsboro Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.